Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 01 B. WING HAL064008 12/08/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 650 GOLDROCK ROAD **BROOKDALE ROCKY MOUNT ROCKY MOUNT, NC 27804** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 000 Initial Comments C 000 This is a Report of a Biennial Construction Survey conducted by Greg Cates on December 8, 2015. Based on information gathered from our files, the Facility was first licensed on July 31, 1997 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 1996 Rules for the Licensing of Domiciliary Homes and the 1996 North Carolina State Building Code, Section 419- Institutional Occupancy; and the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds. C 144 Med Prep Area-Sink with Lever Handles C 144 SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL **ENVIRONMENT** (f) The requirements for storage rooms and closets are: (5) Handwashing facilities with wrist type lever handles shall be provided immediately adjacent to the drug storage area; This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the Nurse's Station with the proper handwashing equipment. This deficiency may affect all residents who may require medications by allowing the spread of germs. Findings include: a- The Nurse's Station sink is not equipped with lever handles. C 166 C 166 Housekeeping-Maintained Free of Hazards

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

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		HAL064008	B. WING		12/0	8/2015	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•		
BROOKE	BROOKDALF ROCKY MOUNT 650 GOLD			DROCK ROAD			
1	OLIMANA DV. OTA		OUNT, NC 2			0.5-1	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE	(X5) COMPLETE DATE	
C 166	Continued From page 1		C 166				
	FURNISHINGS (a) Adult care home (5) be maintained i orderly manner, fre- hazards; (e) This Rule shall facilities. This Rule is not me 1- Based on observe maintain the buildin storing oxygen cont them from falling ox could affect all pers	es shall: n an uncluttered, clean and e of all obstructions and apply to new and existing					
	Findings include:						
	that are not pro b- There are ox	eygen bottles in Room 303 perly supported. Eygen bottles in Room 701 perly supported.					
C 189	Building Equipment	Maintained Safe, Operating	C 189				
	mechanical, and plu care home shall be operating condition (k) This Rule shall facilities with the ex	11 OTHER d all fire safety, electrical, umbing equipment in an adult maintained in a safe and					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
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		HAL064008	B. WING		12/0	8/2015
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BROOKDALE ROCKY MOUNT 650 GOLDR ROCKY MO						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
C 189	Continued From pa	ge 2	C 189			
	ensure that the build the fire resistance of deficiency directly a and visitors by allow smoke beyond the of Findings include a- The 45- minu Storage Room/	ations, the facility has failed to ding is safe by not maintaining of building components. This ffect all residents, personnel, wing the possible spread of compartment of origin.				
	2- Based on observ maintain the safety	ations, the facility has failed to systems in operating d affect all occupants of the				
	Findings include:					
	do not illuminate include but not a- EL #39 b- Emergency lic- EL #38 d- EL #37 e- EL #36 f- EL #35	ern of emergency lights that e on battery. Locations to limited to: ight outside Room 711				
	maintain the buildin operating. This defi	rations, the facility has failed to g electrical system safe and ciency may affect those eceptacles by allowing the cal shock.				

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C 189	Continued From page 3		C 189				
	Findings includ	e:					
	courtyard outsignot secured in waterproof. b- The GFCI re	ro GFCI receptacles in the de the Back Gallery that are the box and therefore not eceptacle located above the nk does not trip when tested.					
1							

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